

Fee: \$ _____

PERMIT NO. _____

**Check payable to
CITY OF CONCORD**

City of Concord
Health Services Division
37 Green Street
Concord, New Hampshire 03301

APPLICATION FOR ROOMING HOUSE, HOTEL OR MOTEL PERMIT

(Please check one.)

Rooming House () Maximum Permissible Occupancy: _____
Hotel () Not to Exceed: _____
Motel () No. of Occupants: _____
Bed & Breakfast () No. of Units: _____

Name of Establishment: _____

Address: _____

Owners Name: _____ Home Phone: _____

Owner's Address: _____ Bus. Phone: _____

Ownership: Have there been any changes in the ownership of this property in the last year?
YES () NO () If yes, please supply a photocopy of the deed
reference of lease.

FEES

\$19.25 application fee plus inspection fee as follows:

<u>Number of Units</u>	<u>Fee</u>
3-25	\$127.00
26-50	\$178.35
51-75	\$228.60
76-100	\$298.30
Over 100	\$348.50

PLEASE CONTACT THIS OFFICE WITHIN TWO (2) WEEKS OF RECEIPT OF THIS
NOTICE TO MAKE ARRANGEMENTS FOR AN INSPECTION. AN INSPECTION MUST
BE MADE BEFORE A PERMIT CAN BE ISSUED.

Applicant's Signature: _____ Date: _____

APPROVED: _____ Date: _____

Health & Licensing Officer

LICENSE EXPIRES JULY 1